

Assuring a Ready, Capable Workforce

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More than 4,500 people work directly for Washington’s governmental public health agencies, including 3,300 in local public health jurisdictions. Every day, they do the essential work of protecting the health of their communities.

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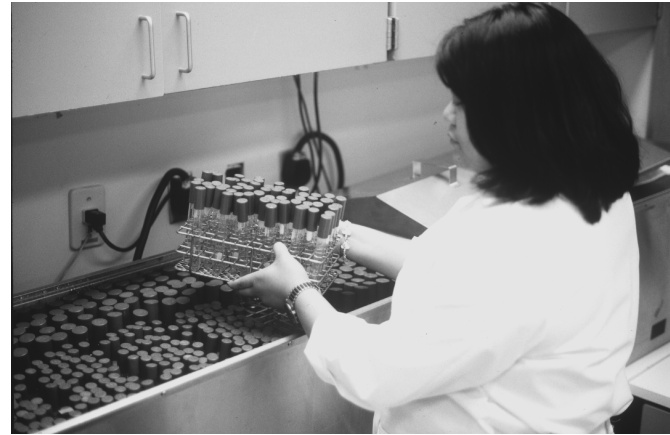
In addition to the challenge of specialized training, the public health workforce must grapple with issues of turnover and workers leaving the field for retirement—both of which can cause vacancies in key positions within public health agencies and complicate planning.

To assure a well-prepared workforce, Washington’s public health workers must have access to formal and informal training that includes the use of mentors, management training, access to technological resources for online information, videoconferencing—and the time to participate in learning activities. They need:

- A fundamental understanding of the mission of public health
- General knowledge of epidemiology, community assessment and mobilization, policy development, and health communications that enables the performance of the essential services of public health
- Technical knowledge for a defined program such as control of infectious disease, chronic disease prevention, and environmental health.

Through our workforce development efforts, Washington’s public health system can provide opportunities that enhance workers’ skills, knowledge, and aptitudes so they are able to perform services in accordance with the system’s Proposed Standards. All who work in public health—managers, health officers, and public health staff, as well as new members of local Boards of Health and other community members—also need training to respond quickly and effectively to pandemics, to bioterrorism events, and to natural disasters such as fires and floods.

Workforce development for Washington’s public health system has four priority areas that are described in the following pages.



Orientation

DOH and the Washington State Association of Local Public Health Officials (WSALPHO) has already produced a comprehensive orientation program for local health officers. Beginning in 1998, DOH surveyed local health officers throughout the state about their roles and responsibilities, which focused on seven areas: public health practice, infectious diseases, environmental health, epidemiology and assessment, management and leadership, relationships with key people and groups, and communications. Based on this information, state and local public health officials worked together to develop a largely self-guided orientation process that consists of:

- Meetings with key people at both state and local levels
- Mentoring with more experienced local health officers
- A menu of training options including references, written materials, and activities
- Online learning resources, including links to useful web sites and an interactive calendar of events

The scope of orientation activities will depend on staff roles and responsibilities and the individual's prior training and experience. Comparable packages are being developed for nursing directors, health jurisdiction administrators, and environmental health directors.

Learning to Be Prepared for Bioterrorism

Emergency preparedness is a key strategy of Washington's workforce development efforts. The University of Washington Northwest Center for Public Health Practice, in consultation with DOH, has developed a scenario for use in practical exercises that help public health officials prepare for response to bioterrorism, natural disasters, and epidemics.

Imagine for a moment...you are a health officer in a county where three important events have just collided:

Over the past few days, medical care providers have reported a high number of severe illness. Symptoms include fever, chills, headache, nausea and vomiting, abdominal pain, and possibly bloody stools. By evening, there are 75 cases and six people hospitalized. You suspect the illness was caused by food and have begun an investigation to find out what these patients have in common. Yesterday, the news media covered the outbreak.

This morning, an activist group called a local radio station and claimed to have contaminated restaurant food with botulism. But the symptoms don't match the claim, and the cases are not all linked to dining out. Public concern is high, and new cases are being reported hourly.

You just learned that a week ago, in a neighboring county, a research lab reported missing vials of the bacteria *Shigella sonnei*, which can cause severe gastrointestinal illness. A routine investigation was begun when the missing vials could not be located at the lab. Campus security contacted the county sheriff, who passed the information along to the local health department.

A swift, effective response to this scenario would require a well-prepared workforce and clear channels of communication among many organizations: public health agencies, law enforcement, hospitals, physicians, and news media. Before this is over, hundreds of workers will be involved. Workers must be ready to carry out individual responsibilities—and know how to work with all the others.

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Competency-based curriculum

From an analysis of training needs assessments of local public health officials, the University of Washington Northwest Center for Public Health Practice has concluded that the most pressing training needs concern improving communication skills, community involvement and mobilization, policy development and planning, improving teaching skills for health educators and others, and developing cultural skills to understand community values, concerns, needs, and attitudes. Based on these findings, which are summarized in Appendix 6, the Center will identify the training products that improve and increase staff performance.

The Center and DOH have collaborated on a training curriculum to prepare for public health emergencies such as a bioterrorism event. Health officers, public health staff, and community members (from schools, hospitals, fire departments, etc.) will participate in a practical exercise that provides training in the policy issues that arise from a scenario such as contamination of food products by a terrorist group. Participants learn to address these issues with planning, preparedness, and coordination.

DOH and the Northwest Center for Public Health Practice are also working together on curriculum to assist workers in developing community partnerships and strategies for managing change, as

well as a regional training network that will serve six states across the Northwest.

The Northwest Public Health Leadership Institute

The Northwest Center for Public Health Practice is leading the collaborative planning process for developing a regional leadership program that will prepare public health leaders to cope with technological changes, demographic shifts, changing economies, and other trends that are shaping the health of communities. The Northwest Public Health Leadership Institute will help facilitate the growth and development of public health leaders throughout the public health system, both within and outside of government, by emphasizing “systems thinking,” partnering and collaboration, and leading change. The Institute will generate new knowledge and opportunities to meet the learning needs of public health officials and members of local Boards of Health and other community leaders.

Training for local Boards of Health

Members of local Boards of Health make policy every day that affects Washington’s public health system. They are primarily composed of elected county and city officials. For the past three years, WSALPHO (an affiliate of the Washington State Association of Counties) has brought these community representatives together from across the state for a two-day workshop in which they discuss state policy priorities as well as the public health issues they are likely to address in their communities. Local Board of Health members developed the content and design for the meetings.

Next Steps

For Assuring a Ready, Capable Workforce

1. Collect data that will accurately describe the public health workforce, allowing for comparisons of workforce capacity across jurisdictions and by program or type of work.
2. Increase the proportion of under-represented racial and ethnic groups in the public health workforce so it reflects the community it serves.
3. Use the Proposed Standards for Public Health, as well as nationally published material including the 10 essential services of public health, to select a set of public health competencies to use as guidelines for curriculum development.
4. Design a comprehensive workforce development resource management system, using new technology where appropriate, that makes training accessible, available, and easy to use. Identify incentives for participation in workforce development activities that are linked to the Proposed Standards for Public Health.
5. Establish a statewide advisory committee that includes a broad representation of public health partners to oversee implementation and evaluate the effectiveness of workforce development efforts over time.